THE WELFARE REPORTER

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VELFARE REPORTER

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The WELFARE REPORTER

Official Publication of the State Department of Institutions & Agencies

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Richard M. Mack Jr., Managing Editor

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Dear Dr. Kler:

It is a pleasure to congratulate the Board of Managers and the Staff of the New Jersey State Commission for the Blind, on this 50th Anniversary of the establishment of the Commission.

I am personally acquainted with the successful work of the Commission as a member of the team of State agencies serving the citizens of New Jersey. It is appropriate and desirable that the extensive program of services to blind and near-blind people be described in The Welfare Reporter so that a wider understanding may prevail with regard to the constructive aspects of alleviating disabilities. These articles place emphasis on using and developing the talents and assets of blind people to the end that they may become useful members of society. Such a point of view is a far cry from the old concept that disablement can result only in dependency.

Success in helping blind persons to achieve independence requires able leadership and sustained effort. These are characteristics which the Blind Commission has shown through the years.

Sincerely
/s/ Robert B. Meyner
Governor

Dr. Joseph H. Kler
President, Board of Managers
New Jersey State Commission for the Blind
1100 Raymond Boulevard
Newark, New Jersey

FOREWORD

George F. Meyer
Executive Director

THE ADVENT of the fiftieth anniversary of the establishment of the Commission affords a welcome opportunity for setting forth New Jersey's program of services for the blind. In the pages that follow there is presented in some detail, adapted to the limitations of space, the manner in which various types of services are made available to blind people. By way of introduction it seems appropriate to sketch briefly the underlying philosophy which has guided the Commission in the development of these services along those lines deemed socially most constructive and of greatest value to blind people and those with seriously defective vision.

While the "amelioration of the condition of the blind" has been an ever present consideration as an over-all objective of the Commission, the conservation of human resources, enabling individuals in spite of their blindness to become contributory members of society—in the home, in the business and industrial world, in the community and in service to themselves—this, experience has shown, is perhaps the greater dividend to society for its investment.

Basic to the program is the medical eye report which not only determines the eligibility of the individual by reason of blindness to the numerous services available to him but forms the basis for determining the possibility of sight restoration or the extent to which whatever vision remains can be used in planning for readjustment to life.

Because each blind person is looked upon as an individual who must live and work in a sighted world in every aspect of life he is encouraged to maintain those family and community relationships which contribute to the happiness and success of the well adjusted individual. For the child this means opportunity for home life and education whenever possible in his local school system; for the adult, maintenance of family and community ties, and normal social and economic outlets.

Applying this philosophy to life situations, the Commission has on every occasion encouraged blind people to associate themselves with sighted people who are in such an excellent position to enrich their lives. It cannot subscribe to the popular concept that blind people find their greatest social satis-

faction in the company of those who, like themselves, are without sight.

Likewise, in the field of employment only under exceptional circumstances has the Commission encouraged the segregation of blind people into groups, preferring instead to seek expanded opportunities for home employment, independent business operations, or employment in industry and other competitive situations.

Furthermore, in every activity affecting the status of blind people, whether it be as recipients of financial aid or in the setting up of a business enterprise, the Commission has done everything possible to place the individual on the level of the highly respected citizen, countering in every detail the concepts so widely held by the public in earlier days that the handicap of blindness must inevitably be associated with poverty and the charity concept.

Through experience we have learned that success on the part of the blind individual, as in the case of those who see, depends upon the confidence which he has in himself and which he inspires in the public. He must, therefore, be so trained and equipped as to stand before the public on a basis equal to, if not a little higher than, his sighted competitor in order to command confidence.

Within the Commission have been brought together the skills, the techniques, the mechanical devices and the training facilities through which the problems presented by blindness can be in greater or lesser degree surmounted. The experience of professionally trained and successfully adjusted blind persons has been blended with equally well qualified sighted staff personnel to make available the highest type of guidance in the numerous problems presented for solution. In this we have had the willing co-operation of public and private agencies throughout the State. Through no other source can citizens of New Jersey secure such a concentrated approach to problems related to blindness.

In the area of services for the blind as in other fields, New Jersey has from the beginning assumed the role of progressive leadership. The legislation establishing the Commission in 1909 was among the first in the country, with the broadest and most comprehensive program of service in the field. Its initial effort was directed toward the adjustment of blind people in their homes and in furnishing an outlet for the labor of home workers.

Legislation providing for financial assistance to blind people "according to need" passed in 1921 and which was administered by the Commission was the first legislation of its kind and preceded by some fifteen years a similar pattern of financial aid promulgated through Federal legislation.

Some five years prior to the passage of Federal legislation in support of rehabilitation for the blind, New Jersey initiated a program of placement of blind people in industry. Indeed as early as World War 1, the Commission had begun to promote the employment of blind people in industry with some success.

It was the first to initiate on a statewide basis the enrollment of the blind child in his local public school system after long experience with the program of establishing special braille classes in the larger cities of the State which date back to 1910.

In 1943 it established an Eye Health Service to provide for an organized approach to the prevention of blindness, the conservation of vision and the extension of opportunities for sight restoration.

It was the first to organize a traveling eye unit rendering service to public

and parochial school systems in rural areas.

It was the first to establish a Glaucoma Registry as a means of promoting sustained treatment for this condition, following this with similar consideration for cases of diabetic eye involvement.

In the rehabilitation and employment of blind people it has been no less active. It was among the first to establish blind people in vending stands, taking prompt advantage of the privilege of establishing stands in Federal buildings and later Federal aid for rehabilitation of blind persons.

It was among the first to make a beginning in the establishment of a training center in 1949 and in 1956 the first to establish under State supervision contract shops working on industrial subcontracts competitively in order to train and enhance the employment of blind people.

It was the first to recognize the potentialities of blind people employed in their homes through its Home Industry program which, through the years, has developed into one of the most successful state-wide programs in the country.

These accomplishments have been made possible not only by reason of the broad powers with which the Commission has been entrusted by the Legislature but by the uninterrupted leadership which the Commission has enjoyed as well as the enlightened cooperation of all governmental authorities and the public at large.

New Jersey is unique among the states of the Union in embracing under a single agency all activities relating themselves in any way to the needs of blind people. Whether it be in advisement of parents concerning the care of blind infants, in the education of blind children or adults of college level, wheth- to adjust themselves to blindness or in rehabilitation or employment, whether it be in making provision for the support of needy blind people or, finally, whether it be in the field of eye health relating itself to the conservation of vision and sight restoration, citizens er it be in assisting newly-blind people of New Jersey, blind or sighted, have learned that there is one and only one official agency to which they can turn for aid and counsel. This has been very helpful to blind people who find it even more difficult than those who see to contend with the multiplicity of governmental agencies in order to secure the services so vital to them. Since all service stems from a single source it becomes less likely for the individual to be confused and shifted from one group to another by reason of scattering services among different public agencies.

Blindness is one problem that makes its impact felt at every stage of life from early infancy to old age—under conditions of poverty or affluence. There are few social problems common to all individuals into which it does not interject itself. Unfortunately, the extent to which it becomes a problem in any general caseload, whether it be in financial assistance, rehabilitation, education, even delinquency, is not sufficient to justify the case worker in becoming familiar with the effect of blindness upon the individual client. This pinpoints the fact that lack of insight on the part of the case worker may deprive the blind individual of the motivation and stimulus of accepting services which would aid him in overcoming or minimizing his handicap. On the other hand, to those who are skilled in working with blind people at various age levels and in various areas of need there is developed an approach that creates an understanding of the problems which blindness presents to individuals of differing ages,

capacities, and needs which experience has shown yields constructive results. New Jersey is fortunate in having profited through this unified approach to the needs of all of its blind people.

A word concerning the contributions which have been made to New Jersey's program of services to the blind through the interested generosity of individuals and groups who have been in no way connected with the public authority.

Government quite naturally is reluctant to extend itself into areas in which the need for service has not been established beyond question. In such areas public spirited individuals and organized groups have manifested their confidence in the soundness of the Commission's approach to the problem of blindness by financing projects which have supplemented existing services and which, after proving their worth, have become an integral part of the publicly financed program.

Through such co-operation the blind children's camp has been developed from small beginnings into a most valuable adjunct in the education of blind children. The needs of the pre-school blind child have been more adequately met and staff development has been materially aided. The employment service and training center have been given added stimulation and broader facilities to expand their activities. The transcription of material into braille and the preparation of sound recordings have been supplied with the necessary equipment and volunteer service which has made it one of the most comprehensive in the country. The Eye Health Service has been able to broaden its activities in conserving vision. Specialized equipment has been made available to expand the opportunities of blind people or to meet individual needs. The earnings of blind people have been increased through expanding sales of articles made by them. The lives of many blind people have been enriched by gifts and special courtesies channeled to them from these sources. Through this co-operation between private philanthropy and the Commission, New Jersey has avoided the duplication of unwise and unregulated disbursement of money and effort, springing spontaneously or collected from public-spirited citizens in behalf of the blind. This has not been characteristic of the situation prevailing in many other states. It must be said, however, that despite the foregoing there is a crying need for some authority to regulate the collection of funds to be used in behalf of blind people and other projects fostered by self-seeking or ill-advised individuals and organizations who exploit the needs of blind people to the discouragement and detriment of the more constructive efforts made in their behalf.

It is inevitable that developing social programs and philosophy should point the way for evolving changes in meeting the needs of blind people. The impact of emotional problems of individuals as they affect the adaptation to the handicap of blindness, the increasing number of aging people among whom blindness is more prevalent, the growing number of multiply handicapped individuals who are blind, the developing complexities of family life and housing needs, the mechanization of industry with the potential of both increasing and decreasing employment opportunities for blind people, the need for developing market outlets for the products of blind labor—these are but a few of the challenging problems with which the agency must contend in a program for the future. In meeting them it is to be hoped that New Jersey may continue to maintain the flexibility and the open-minded approach to changed conditions that are comparatively rare in a public agency and that have been such a great asset in the past.

Eye Health Services to Prevent Blindness

Mrs. Emma Howe
Supervisor, Eye Health Service

THE TREND today is to prevent a handicap before it manifests itself. The Commission has a division of Eye Health Service whose aim is to prevent blindness. The National Society for the Prevention of Blindness states that over half of all blindness is preventable,[1] if the individual is located and treated at the first sign of loss of vision.

The Eye Health Service Division realizes the great importance of restoring blind and low vision people to society and has attacked the large problem of preventive services through four direct channels:

Restoration of Vision

The Division has a staff of eye health nurses who call at the homes of all newly referred individuals to evaluate the need for eye care—to urge the person to obtain a medical eye examination on a private basis or at a hospital eye clinic. After the examination has been completed and the Commission receives the report from the doctor, it is reviewed by our consulting ophthalmologist and a plan of treatment is established.

The nurse assists the person to follow the doctor's recommendation for surgery, treatment and glasses, as well as for post-operative care. She interprets the importance of corrected vision to the client and the family and assists by contacting the doctor, hospital, other agencies, church and friends to arrange to carry out the doctor's recommendations for her client.

Each year these staff nurses are able to report that approximately 300 people have received restored and improved vision. Many are returned to society not as blind persons but as seeing members of their families and communities.

1. *Publication No.* 31. The National Society for the Prevention of Blindness.

The Commission pays for hospitalization, treatment and glasses following surgery for indigent people. Clients with means are not assisted financially but receive guidance and help during serious eye surgery. In some instances, substantial vision is restored; in others, improvement is more limited. But even a little improvement can make a tremendous difference in the individual's everyday activities. One eighty-year-old woman living in Cape May County had two cataracts removed from her eyes and now keeps house for her grandson and helps on a truck farm.

Science has found how to add sight to our years—not just years to our lives. The greatest cause of blindness is an eye condition called cataracts which is usually found in the later years of life. Science has advanced in techniques of doing cataract surgery and now approximately eighty-five per cent of cataract surgery is successful.[2] Many older people can enjoy their additional years and with proper lenses read and have the joy of a fuller life.

Glaucoma Control Program

The second great cause of blindness is a condition called glaucoma, in which there is too much pressure within the eye. This must be controlled or blindness results. People over forty are particularly susceptible to this condition and may be unaware of the loss of vision as it diminishes gradually in chronic glaucoma cases. It is reported that two per cent of the population over forty have this condition.[3] This condition is controllable but not curable.

In 1954 the Commission for the Blind established the first State-wide Glaucoma Detection Program in the United States. The Commission prevailed on hospitals to open their facilities to the public in order to make available examinations for glaucoma by the hospital's ophthalmological staffs. This public detection program was conducted for one week with ophthalmologists giving their services without charge. The first year, 135 people were identified as possible glaucoma patients. The Commission's eye health nurses called on these patients with possible glaucoma to help them understand their eye condition and to be sure they were under good medical eye care. This past year some 300 additional glaucoma cases were identified and received the same service.

Each year since 1954 the middle week of September has been devoted to this important prevention of blindness program. It has been conducted in co-operation with the State Medical Society. The Medical Society has now taken the project over and the Commission co-operates by following up all detected possible glaucomas through a home visit by the eye health nurse from the Commission or by a public health nurse from the Visiting Nurse Association of the community where the person resides.

Through early detection of glaucoma much sight can be saved and blindness prevented in the New Jersey population. In May, 1959, at the Governor's Conference on the Aging, Dr. David Price of the Department of Health, Education and Welfare in Washington reported the following:

"New Jersey is the only state I know of that provides for annual free glaucoma screening in medical facilities throughout the United States."

The Commission has arranged for all hospitals with eye clinics in New Jersey, Philadelphia and New York to refer people who have this condition and live in New Jersey in order that an active registry of all glaucoma cases can be

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2. *Publication No.* 490. The National Society for the Prevention of Blindness.
3. *Screening for Glaucoma.* U. S. Department of Health Education and Welfare, Public Health Service 1959.

available for follow-up. General hospitals also refer cases. There are approximately 2,000 reported glaucoma cases on the registry of the Commission to date. The hospitals notify the Commission of the people who do not return for treatment. In turn the Commission's eye health nurses make the necessary follow-up to urge and arrange for continued treatment. Sight lost from glaucoma can never be regained. Therefore, it is important that these people be under ophthalmological care for the remainder of their lives. As an example, a forty-year-old school principal was diagnosed as having chronic simple glaucoma. Through interpretation and counsel, the glaucoma control program has given him the opportunity to safeguard his vision by continual treatment to control further loss of vision.

Other Eye Diseases

Medical science reports many cases of visual difficulty among individuals suffering from a diabetic condition. In recent years the Commission for the Blind has co-operated with the New Jersey State Department of Health in making a study[4] of cases on the Commission registry with a diabetic involvement and loss of sight. Twelve per cent of the blind in this study were found to have a diabetic eye condition and it was concluded that a closer detection program could be established between the diabetic clinics in the State and the Commission for the Blind. There is now a registry of approximately 400 of these cases at the Commission.

It is of great importance that children with strabismus (squint or crossed eyes) be located and under ophthalmological care before they are seven years of age as sight can be saved in the crossed eye with proper surgery. It is also desirable to correct crossed-eye conditions at any age due to the psychological effect on the person.

John, living in north Jersey, had an entirely different personality when both his eyes were straight and he looked like the other boys in his classroom. His schoolwork improved greatly.

Mr. Jones of south Jersey can now better obtain a position when both eyes function in unison. His appearance and attitude is greatly improved and he is more employable.

The enucleated eye needs a prosthesis and some people cannot afford the expensive plastic artificial eye which can be made to resemble the remaining good eye. The Commission provides, from private funds, artificial eyes for indigent persons. Children and adults both adjust better to their everyday activities when fitted in such a manner.

There are, of course, many other eye conditions which may affect the individual. However, cataracts, glaucoma, and the various retinal complications such as retinitis, detached retina, etc. remain the chief causes of substantial loss of sight. The eye disease among prematures, known as retrolental fibroplasia has come under control with the discovery that excessive oxygen was the causative factor. Improved safety programs in industry have reduced corneal injuries due to perforating wounds or burns. However, corneal scarring caused by accident or disease still occurs, and may require corneal transplant surgery which the public is familiar with through publicity surrounding "eye banks."

Motorized Eye Health Unit

The National Society for Prevention of Blindness has indicated that one out of every four students attending school may have an eye difficulty of some kind. For this reason, the Commission has concentrated on this age group in its prevention of blindness activities.

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4. *Diabetes and Blindness.* Dr. Arthur Krosnick of the New Jersey Department of Health. March, 1957.

In 1944 a survey was conducted on the results of the school nurse screening program in New Jersey schools in which children with poor vision were referred to their parents for suitable attention. Some school nurses reported inadequate follow-up. A second survey revealed the fact that some counties had no medical eye specialists and no hospitals with eye clinics for the parents to use for eye examinations and treatment.

A young woman from Morristown who had two blind sisters asked if the New Jersey Junior Women's group of 105 clubs could assist the Commission in preventing blindness. It was suggested that the apparent need appeared to be for a motorized eye doctor's office on wheels to travel to the remote areas of the State and examine the child at the school. An ophthalmologist joins the unit on location and examines the children that the school nurse has identified as having vision of less than 20/40, or showing mannerisms of poor sight.

The Junior Division of the New Jersey State Federation of Women's Clubs took the suggestion as its project in the year 1945-46 and raised $16,000 for the unit. A motor truck was purchased and equipped with the best ophthalmological equipment available and on October 12, 1946, the dedication of the service was conducted on the steps of the State House in Trenton with the Governor receiving the gift for the New Jersey State Commission for the Blind.

The unit was unique since it was the first of its kind in the United States. Other states have realized the value of this service and have established traveling units in their areas. The unit has the approval of the State Medical Society and the State Board of Education. One county is served at a time, alternating in the northern part of the State and then in the southern part. The unit serves both public and parochial schools from pre-school age through high school.

The Traveling Eye Unit is a diagnostic non-treatment unit examining all students referred by the school nurse. Children from families who can pay for medical eye care are referred to their own eye specialist. Indigent students receive assistance in carrying out the recommendations for eye care, lenses, treatment or surgery which are recommended.

In the thirteen years of service given New Jersey students, eighteen of the twenty-one counties have been served; four of these counties have had service for the second time. Approximately 4,000 students are examined each school year and approximately 60,000 have received medical eye examinations at their school locations. The unit helps to make students aware of the importance of good sight and this information is carried back to the home where older members of the family may need medical eye care. Teachers and parents have reported a marked improvement in school and home behavior when proper eye correction was received. Many children are going to school without the visual tools with which to receive an education. The aim of the unit is to see that no child goes to school with an eye defect that modern science can improve or correct.

An eight-year-old boy in Mercer County was diagnosed by the mobile unit as having bilateral congenital cataracts. His mother and two brothers were found to have similar eye conditions. Through service to the boy there was brought to the Commission's attention an entire family in need of visual care.

A child living in Somerville was diagnosed as having a brain tumor. The family and school were unaware of the condition. Prompt referral from the Mobile Eye Unit resulted in immediate hospitalization for surgery of the tumor.

Feeling the need for a stimulation to State schools and institutions on proper eye care, the unit has been available for State service during vacation periods in the public schools. The following institutions have been served over the years: Bordentown Reformatory, Greystone Park, North Jersey Training School, Johnstone Research Center, Vineland and others.

An inmate of Bordentown Reformatory also had a brain tumor diagnosed by the Commission ophthalmologist and specialized eye care was immediately arranged at the local hospital.

Public Information

Public education to prevent blindness is an active part of the Commission's services. Eye symposia have been conducted in Bergen and Somerset Counties with additional ones scheduled in other counties. These are all-day meetings, with ophthalmologists lecturing on a variety of eye diseases or conditions related to the eyes. Large groups of teachers, nurses and agency staffs have attended and have received eye health education and information on the services of the Commission for the Blind. The purpose of the symposia is to review eye conditions and to stimulate the group to carry the information back to their respective schools and staffs and to make them aware of the fact that over half of all blindness need never have occurred and that it is important to locate the person at the onset of his loss of vision and correct it. This can be accomplished by early referral of the case to the Commission.

As the Commission realized it must know the name and address of those who are blind or of citizens who are losing their vision before they can serve them, a survey was made in 1946 which pointed up the fact that few people know where to turn when they need help with their sight or adjustment to their blindness. As a result the Commission had a film made called *Conquering Darkness* describing the services of the agency. Milton Cross is the commentator. This 16 mm. sound film in black and white is available for showing without charge through the Commission offices. It is also available from the State Museum film library in Trenton. Other films which may be borrowed from the Commission are *Hold Back the Night, Johnny's New World, Glaucoma—What the General Practitioner Should Know* and *Betty Sees a Bird.*

In 1948 an arrangement was made with all schools of nursing in New Jersey to receive a two-hour lecture course on services for the blind and the importance of prevention of blindness. Some hospitals send their nurses to the Commission headquarters for these lectures; other hospitals, too far away, have lectures given by Commission eye health nurses in their hospital classrooms. This program assures that nurses in training will know of the agency's facilities and services, and can refer cases readily when they become practicing nurses in industry, the schools, in private duty or in the hospitals.

For three years one of the television stations in New Jersey gave one half-hour periods once a month without charge in order to have two ophthalmologists and a member of the Eye Health Service staff discuss eye diseases and urge the public to avail themselves of medical eye care. This, with the cooperation of all radio stations in the State, has been most helpful in locating individuals with eye problems requiring attention. Exhibits and the distribution of literature on medical aspects of eye care round out the Commission's public information efforts.

Medical science and modern treatment facilities have made considerable progress in the field of sight restoration

(Please turn to page 95)

Sub-Normal Vision Corrections for the Partially Seeing

Gerald Fonda, M.D.
Special Consultant
New Jersey State Commission for the Blind

Mr. D. had spent the first forty years of his life with only one good eye. During 1955 he suffered a detachment of the retina of his good eye which resulted in blindness in spite of the best ophthalmological treatment. This left Mr. D. unable to continue in his work, with a wife and two children to support. Each month of idleness and hopelessness intensified this man's mental anguish.

Finally he was examined for lenses for the eye which was never much good, causing Mr. D. to be classified as industrially blind. A simple magnifying lens in the form of a bifocal has improved the vision in this eye to the point where he could function visually and could return to his former employment as a furniture salesman, his vocation for fifteen years before losing his only good eye.

The staff of the New Jersey State Commission for the Blind is aware of the usefulness and limitations of low vision lenses. Consequently, it has been the policy of the Commission for the Blind to advise an examination for subnormal vision aids for the more promising case. The highly motivated and intelligent, particularly children, are the most favorable subjects. Some eye diseases such as albinism, macular degeneration, severe nearsightedness causing subnormal vision, and congenital cataracts following operations are favorable cases for low vision corrections. Eye diseases which are characterized by "tunnel vision," i. e., no side vision, and diseases of the interior of the eye causing hemorrhages which are relatively common in diabetes, are less favorable for low vision corrections.

Much of the success of this program is dependent upon the Commission staff's participation in the following:

1. To inform the prospective patient of the availability of low vision lenses.
2. To acquaint the patient in a realistic manner so that his hopes are not unduly elevated—in other words, not to expect miracles.
3. To tell the potential patient the limitations of low vision devices.
4. To evaluate the intelligence, motivation, mental attitude, associated physical and mental defects of the patient.
5. To refer the patient to the ophthalmologist especially interested in this aspect of ophthalmology.
6. To follow the patient to learn the result.
7. To encourage and assist the patient in learning how to obtain the most from his glasses.
8. To refer the patient back to the ophthalmologist in case he is not making progress.
9. To acquaint the patient with possibilities of low vision lenses when vision is 3/200 or better before beginning braille instruction. Lenses have been prescribed successfully to many patients who had previously spent much time learning to read braille. I think that it is to the patient's advantage not to resort to braille unless it is absolutely necessary because psychologically the patient suffers, opportunities for employment are less and reading material is limited, aside from the cost of education in this direction. This is something we should strive to avoid and the public health nurses, counsellors, social workers, and home teachers can play a leading role in this endeavor.
10. To explain to patients that using their eyes will do them no harm; in fact, increased use of their eyes will improve their reading skill.

I estimate that there are approximately 15,000 people in the State of New Jersey whose vision ranges between 3/200 and 20/60. I have examined 613 partially-sighted patients in my office within the past seven years. Of these, lenses were prescribed to 403 patients. It has been possible for me to persuade only 203 patients to return for evaluation. Of these 203 cases 173 were judged as successes according to my criterion for success. These figures show that lenses seemed to be worthwhile prescribing to sixty-six per cent of patients examined and that eighty-five per cent of lenses prescribed were successful. These results are unusually good, but I attribute to the fact that only the most favorable patients were referred to me.

Eighty-six per cent of the partially-sighted patients were corrected by conventional glasses or strong convex lenses such as are worn by people who have been operated for cataracts. Rarely are telescopic, microscopic or any very special lenses required.

This is a report of Jackie, aged 10, fifth grade student, who has been under my care for his eyes since 1948. Jackie is completely blind in his right eye and his vision is 20/200 in the left, for which he wears a strong lens for nearsightedness. This boy is doing well in regular school with individual instruction supplementing the regular program. Counsel to school staff is supplied by the Commission's education staff. The school principal notes that Jackie's self-assurance has improved so that he is a pleasure to have in school. Jackie participates in sports including softball games. In 1955 Jackie received special commendation for a happy personality.

Miss A., age 79, was first examined in July of 1954 at which time her best vision was 3/200 in the right eye and

20/200 in the left eye. This lady was struggling to read with an assortment of one pair of glasses and four hand magnifiers. A lens for the left eye was prescribed such as a patient would use to read after a cataract extraction. Miss A. reads newspapers, books, and magazines for as long as two to three hours at one time holding the reading matter between two and three inches from her eyes.

Generally, the ophthalmologist examines and makes a disposition of the case in one visit. The optician fills the prescription for glasses when they are prescribed. The optician plays a very important part in demonstrating the use of the glasses to the patient for which he is particularly well qualified. The optician encourages the patient to return in order to learn whether or not he is adapting to the low vision lenses. In the event that the patient is not satisfied after the optician's best efforts, he is referred back to his ophthalmologist to learn if anything else can be done.

People such as Mr. D., Jackie and Miss A. can be rehabilitated to a variable degree now that the value of low vision lenses is more generally understood and accepted. While the use of the visual aid is accompanied by many disadvantages, such as reading two inches from the nose, a great difference is evident to the patient in his happiness, usefulness and adjustment economically and socially.

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Educational Services

Josephine L. Taylor
Director of Educational Services

A HISTORICAL REVIEW OF New Jersey legislation indicates that those who have planned for the education and welfare of blind and partially-seeing children in this State have recognized the need for an individualized program involving flexibility in selection of facilities with consideration for an understanding of each child's total situation including not only the immediate problem, but a broader understanding of the child, the family and the community of which he is an integral part. Implementation of the legislation has necessitated close working relationships between State and local, public and private departments and agencies which are concerned with all children as well as those particularly charged with the education and welfare of the handicapped. The two-fold function of the Educational Services of the Commission for the Blind is to assist other agencies and departments in providing adequate educational programs and special services for visually-handicapped children and to provide direct services to children, parents and schools when necessary.

A description of services to pre-school children and their parents illustrates this dual function. One of the chief needs during this period is parent counseling. Ideally, this should begin at the time that the diagnosis of severe visual handicap in the infant or child is made, as it is at that point that help is most seriously needed in clarifying the parent's understanding of the eye condition and the impact that this will have upon their child as well as upon their own emotions and the total family situation. Parent's anxieties may be greatly alleviated through an opportunity to discuss with a worker who is able to be objective the potentialities of blind children and young adults and the programs for parent counseling as well as those for the education and eventual vocational placement of their child. For some parents the shock and grief reaction to the diagnosis of blindness in their child is so severe that intensive case work is needed to help them regain their ability to function adequately. The educational counselor from the Commission for the Blind may help parents recognize this need, assist them in locating an appropriate service and interpret to the case worker or therapist an understanding of the normal growth and development patterns of blind children and of the facilities available to them and their parents.

Parent discussion groups sponsored by the Commission have proved valuable to many in the sharing of their concerns and in sifting out the problems related to behavior patterns of all children and those specifically related to the handicap. Small groups of eight to twelve parents meet for about an hour and a half once a week for six or eight weeks. The discussion group leaders employed by the Commission for this activity are selected from local family service, child guidance or mental health centers with consideration for their training and understanding of early childhood growth and development, parental adjustments and their experience in parent group work. The parents' groups plan their own agenda which usually includes a majority of discussion meetings and a number of special meetings with resource persons to consult with them about such subjects as educational programs, vocational rehabilitation and employment possibilities, etc. Since this is a State-wide program, several different groups may be meeting simultaneously in different parts of the State. An effort is made to plan for selected groups of parents providing a certain amount of homogeneity of interest and concern.

The personality development of blind children follows the same pattern as those with normal vision, although the blind child frequently is on the slow normal range in some of the developmental tasks. Gross retardation in any of the stages is usually an indication of the presence of an additional handicap or an abnormal emotional climate. Since a large number of blind children have additional handicaps, it is especially important that careful observation be made of the child during the preschool period in order to understand his potentialities and needs and to arrange for further diagnostic study if indicated. Many persons may be involved in this evaluation including the Commission's educational counselor and psychologist, the child's pediatrician, ophthalmologist, other medical and clinical personnel, nursery school-teachers and, of course, the parents. Locating adequate facilities for more complete diagnosis and treatment when the child appears to have multiple handicaps is one of the serious problems faced by the Commission's staff. Every effort is made to have this done within commuting distance of the child's home in order that the parents and community may assume normal participation and also because placement of the child some distance away often complicates the original problem of the separation of the child from his home and the impossibility of involving the parents in the treatment program and planning. Many clinics and special agencies throughout the State have had experience in working with blind children and their parents. Most of them recognize their responsibility for blind children on an equal basis with others and are able to consider the child without being baffled by his blindness. The problem, therefore, is chiefly one of lack of facilities for all children. With the development and improvement of services for children throughout the State, services for those who are blind become more nearly adequate. When residential treatment is necessary, that facility is selected which seems best able to serve the child. This may be a special facility for blind children or one which serves all children.

When the blind child is four or five years of age, he may be ready for a small group experience. This is usually provided through enrollment in a nursery school with children with normal vision. The educational counselors from the Commission assist the parents in determining the advisability of this experience and in selecting a suitable

nursery school. When necessary, the agency may supplement the cost of tuition and transportation. The educational counselors consult with nursery school personnel advising about the needs and abilities of the particular child and the very few adaptations in program necessary. A small, well-staffed neighborhood nursery school may provide an excellent orientation for future group and school adjustments. The nursery school-teacher with her understanding of growth and development of young children and her interest in them as individuals is able to help the blind child establish positive relationships with herself and other adults and also develop a sense of security with children in the group. Since the nursery school program involves very few activities in which he cannot fully participate, this environment provides the blind child with an opportunity for give and take on a fairly equal basis as well as a chance to begin to learn to deal with his frustrations and aggressions under the guidance of adults who are more objective than most parents are able to be. The limited size of the nursery school group is especially important since it is difficult for young blind children to relate to a large number of persons.

If the child has become a participating member of the smaller group and has been able to establish good social and emotional relationships within and beyond the family, the first formal school experience is usually not too difficult. In New Jersey, most blind children who do not have additional handicaps proceed from the nursery school to the neighborhood kindergarten at about six years of age. At this point, the educational counselors from the Commission, who have training as regular classroom teachers as well as special training in the education of blind children, begin to play a more active role. Most kindergarten teachers not only wish guidance in helping a child adjust to the larger group, but also seek some special materials which will be meaningful to the blind child as the class begins to enter into more "paper work." During this year, the educational counselor begins to make regularly scheduled visits to the kindergarten to observe the child, note what special materials are necessary and occasionally give instruction in the use of these. Gradually as the child matures, she will begin an individualized braille reading readiness program. Since the blind child is usually about a year older than the other kindergarteners, he may proceed into beginning reading toward the end of his kindergarten year.

When a child is ready for entrance into the first grade, several considerations must be made in the selection of a special educational program for him.

If possible at this time, it should be determined whether he should be educated as a partially-seeing or as a blind child. Decisions regarding this cannot be made on the basis of Snellen or other chart estimates of visual acuity. A "rule of thumb" classification is given in *The Classroom Teacher Can Help the Handicapped Child,* a report prepared by the New Jersey Conference on the Handicapped:

> "The term, visually handicapped, includes those who are blind and those who are partially seeing. In this chapter it pertains to those children who, after all possible correction has been made, have such a severe vision defect they require special education consideration. The generally accepted definition for legal blindness is: 'central vision acuity greater than 20/200 but accompanied by a limitation of the fields of vision to 20 degrees.'
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> "However, many children who are 'legally blind' are educationally par-

tially seeing. The observations of parents, teachers, and other specialists, as well as the recommendations of the eye specialist, are sometimes necessary in deciding whether a child should be educated as a partially seeing or a blind child. When it is necessary to make a distinction between the two groups in this chapter, the following definitions may be used:

"Blind: For educational purposes, a child is considered blind if, after all possible treatment and correction, he has no vision, or so little vision that he relies upon the senses of touch and hearing rather than sight as his chief avenue of learning.

"Partially Seeing: For educational purposes, a child is considered partially seeing if, after all possible treatment and correction, his vision is so low that he requires special materials, magnifying devices, or other equipment and/or unusual consideration in a classroom, but uses sight as his chief channel of learning."

The need for cooperative planning is well established through the Rules and Regulations for the Placement of Blind Children which were adopted by the State Board of Education on June 24, 1955:

"1. School placement of a child who is blind shall be based upon an overall study of the child's abilities and needs. Physical abilities and disabilities as influenced by personality, intelligence and social competence shall be considered in making any classification and placement for special services under this act.

"2. The team approach can make an important contribution in the determination of placement for instruction or training. In addition to the medical examiner or representative of a clinic or agency who administered procedures of classification, a team may include but need not be limited to a school administrator, a representative of the New Jersey Commission for the Blind, school nurse, psychologist, teacher of the blind, and social worker.

"3. Placement shall be made with full consideration given to the report of the examiner, clinic or agency administering procedures of classification, and also to data including estimates of social, intellectual and educational testing derived from direct testing, interviews and case histories. Data shall also include recommendations relative to special physical, social and educational needs."

Identical regulations for the placement of partially seeing children were adopted on the same date.

Sometimes the team may consist of only a few persons who may never need to sit down as a group. When Nancy was four and a half years old, the Commission received the following letter:

"At our kindergarten survey, this girl has been registered for public school. In making contact with the home, Mrs. X said that she had been assisted by your Commission. Mrs. X is happy with your help.

"I am writing for your advice in taking this child in public school. She seems to have adjusted beautifully in nursery school and I would think she would be very happy in our kindergarten class. Do you have any suggestions for us either in materials to use or methods of handling Nancy? In speaking with Mrs. X, she said she expected to remain in this area, so we will have to think of grades beyond kindergarten as well. I will be very glad to help in any way that I can.

"Thank you for any information or advice that will help us make Nancy and her family feel secure."

Yours very truly,
Superintendent of Schools

The school nurse and kindergarten teacher had visited the nursery school and felt assured that Nancy would do well in her local kindergarten. The educational counselor who had visited the home periodically during Nancy's earlier years also recommended this placement which the parents very much wanted. The parent discussion group leader had commented on the fine adjustment and obvious acceptance of the child's handicap. The Commission's psychologist evaluated as follows:

"Nancy is a lovely little girl. She has a bright sunny personality and a sparkling manner which enable her to make friends wherever she goes. She is full of fun and spirit and she seems already to have developed that rare capacity to enjoy all that life has to offer.

"Intellectually, Nancy is also well endowed. She has a keen mind and a sharp interest in the world around her. The Interim-Hayes-Binet Intelligence Test (adaptation for the blind) yielded for Nancy an M.A. of 5-10 and an I. Q. of 121. The vocabulary development as measured by test standards is credited at an eight year level and she also exceeded her chronological range in areas of abstraction, reasoning capacity and ability to handle problem solving material. Her fund of factual information is good and she has a solid grasp of number concepts.

"Nancy's health, personality and social skills reflect a warm, solid family relationship in which she has had excellent opportunity to become a happy, well-integrated individual. She has made a good start and should continue to do well in her kindergarten program next fall and in her future school experience. Nancy is the kind of youngster who can make a valuable contribution to any group in which she participates."

A review of the Commission's educational staff and case load distribution for that area of the State indicated that it was possible to provide the guidance and materials needed. Nancy visited the local kindergarten in May and June for a few times to become acquainted with the teacher and the physical layout. In this case, the decision regarding school placement was simple. There was also no doubt among those who associated with her during her kindergarten year regarding the advisability of having Nancy continue in her local school for the following years, provided, of course that the special instruction, materials and equipment for a totally blind child were provided by the Commission for the Blind.

If children who happen to have a visual handicap are to be given an opportunity to develop to their fullest capabilities, there must be flexibility in the selection of educational facilities according to the individual needs. Provision must be made also for a change from one facility to another when the first has solved the problem for which it was selected or is no longer the most suitable as an outgrowth of new developments or because new facilities have been developed. This continuing evaluation of the child is one of the major functions of the Educational Services of the Commission. It involves the drawing together of the team to pool knowledge, skills, imagination and creativity in order that a program may be selected or established through which each child may have the chance to develop his own particular gifts as fully as possible.

In planning Frank's placement, many persons were eventually involved. Frank's school adjustment has required much flexibility as new understandings

of his total situation have evolved. One of the chief problems has been to determine the usefulness of his vision. The private ophthalmologist who originally referred Frank to the Commission consistently advised the parents that Frank had practically no vision and would need to learn braille in order to receive an education. The parents, noting that Frank had some vision, taught him to distinguish and match pictures. By the time he was five and a half, they had also taught him much of the alphabet in letters about two inches high. At nursery school, it was noted that he was able to get around the house and playground without much limitation and that he showed a distinct preference for activities involving use of vision. In spite of the fact that he was a very hyperactive child with a short attention span and was in other ways quite immature socially and emotionally, his high intelligence and unusual interest in "reading" seemed to indicate that a reading readiness program should be started shortly after his sixth birthday. The parents were referred back to the private ophthalmologist for a special examination to advise regarding use of printed materials. His report indicated that Frank "appeared to have about 3/200 vision in both eyes; that the cause of blindness was a congenital cerebral defect of indefinite origin with a resulting searching nystagmus; that no treatment was prescribed and the ophthalmologist did not expect that there would be any improvement in vision. He recommended placement in a residential school for the blind." The educational counselor from the Commission who had also known Frank since his early pre-school years talked with the ophthalmologist regarding the possibility of special sub-normal vision lenses. He agreed that this might be a possibility for Frank and referred him to another eye physician who specialized in this area of ophthalmology. The sub-normal vision specialist felt that in the future they might be able to prescribe for Frank but that at that time special lenses would not be of any value. He did recommend, however, that Frank should be able and should be encouraged to use large-print materials.

The Commission's psychologist had made evaluation of Frank's intellectual, psychological and social adjustments when he was four and again at six years of age. The latter evaluation indicated among other things, "It is highly probable that with the acquisition of formal skills such as those tapped by test content, the potentialities for Frank would test closer to the high average range. Whether he has the potentialities for achievement beyond that level cannot yet be determined because of the self-inhibiting nature of his social behavior."

At age six, Frank was attending a kindergarten group of twelve children in a small private school. His previous experiences in nursery schools had indicated that he would not be able to cope with the large public school kindergarten class. During the latter half of the kindergarten year, after the ophthalmologist's approval of print reading, Frank was tutored once a week with visual reading readiness materials and later in beginning large-print reading. His tutor, the Commission's educational counselor, reported that he was "able to read quite well although he was inattentive, easily distracted and not particularly interested. There was some slight improvement in ability to work independently but he still had a long way to go. Frank had extremely poor coordination and his writing was immature and poor." After a conference involving the parents, the child's pediatrician and the Commission's counselor, a neurological evaluation was arranged. The neurologist advised that Frank's next placement should be in a small group with pro-

vision for a highly individualized program, since Frank had the double handicap of extremely low vision and the brain injury which apparently caused the low vision and also the additional social and educational handicaps which had by then become quite extreme. Frank's first grade experience was in another private school with only twelve children in the first grade and with daily individual instruction of about forty minutes. Toward the end of the year it was apparent that Frank was not only not making adequate progress in reading and writing, but his behavior problems were becoming more intense. It seemed apparent that even this small group was too much for him. Since there are no special programs for brain-injured children in that area of the State, no special classes for partially-seeing children within commuting distance of his home and since placement in a residential school for the blind proved inadvisable, a program was developed through which Frank attended class for selective activities for part of each day in his local public school and received additional daily individual supplementary instruction. Although this is not considered an ideal program for Frank, it seems to be the best presently available since it provides selected group experiences supplemented by individual tutoring by a teacher trained in elementary school education and having a special interest in brain-injured children. Those included in making recommendations for this placement have been the parents, the Commission's educational counselor, the psychologist, public school superintendent, the ophthalmologist, neurologist, pediatrician, teachers and the principal of the public school, the supplemental instructor employed by the local school system and the county supervisor of child study.

The large majority of blind and partially-seeing children in New Jersey attend their local district schools with the "special educational services" brought to them through the Commission for the Blind. For those children who are blind, these special services include counseling to parents and local schools, itinerant tutorial service by the Commission's counselors in those areas which require the help of a trained teacher of blind children, provision of special materials including textbooks in braille or on sound recordings, supplementary reading materials, braille writing equipment, Talking Books, typewriters, maps globes, mathematical equipment, etc. Guidance is also provided to local recreational groups and others regarding the special needs and the abilities of individual blind children who may participate in their programs. When a blind child is enrolled in his local district school, that school assumes responsibility for his general education and makes available to him all of the professional help available to all children in that school system. The Commission for the Blind provides the specialized factors such as counseling regarding adaptation to program, instruction in braille reading and writing skills and certain other skills which are important in the child's ability to develop adequate social relationships, emotional adjustment and "efficient living skills," such as ways to improve his independence in getting about, poise and posture, acceptable practices of eating, grooming, development of recreational skills, typewriting, pencil writing and other areas in which he may need special instruction or interpretation in order to fully understand or to enrich his school and after school program.

Since there are a large number of blind children and since these children live in all parts of the State, it would not be possible for the Commission for the Blind to employ enough educational counselors to give daily individual assistance to each child. Fortunately, un-

der New Jersey School Laws of 1954, Chapter 179, Item D, there is provision through which local school systems may give special educational service "by instruction supplementary to the regular program of the school not to exceed five hours weekly, whenever, in the judgment of the Board of Education with the consent of the Commissioner, the physically handicapped pupil will be best served thereby. . ." Through this arrangement, the local school district may employ a teacher of children of the appropriate grade level who joins the Commission's counselor and who may work under her guidance in supplementing the work of the regular classroom teacher.

Special services for partially-seeing children enrolled in their local schools are similar except that the Commission for the Blind does not provide individual tutoring unless this proves necessary to determine whether or not the child will be visually able to read print, or in certain subjects where the child, because of his extremely low vision, requires tutoring from a teacher trained in the education of the blind. Other tutorial services, when necessary, are provided under the supplemental instruction procedure described above with guidance from the Commission's counselor to the classroom teacher and to the supplemental instructor. Special textbooks in large print are supplied when necessary and as available. Talking Books and other books on sound recordings, as well as certain other special materials and equipment are provided by the Commission if advisable. It should be noted here that within recent years, a very large number of pupils with extremely low vision have been provided with special lenses through which they are able to read ordinary print. Since the number of books available in large print (twenty-four or eighteen point) is limited, provision of these special lenses greatly expands the reading possibilities for those children who are able to use them. However, children with these special lenses continue to have certain educational problems which require careful interpretation to parents and school personnel. Among others, these problems include a slowing down of the reading process, need to hold material within a few inches of the eye, inability to see material at a distance such as on the chalk board, need for careful seating arrangement as far as lighting and accessibility of materials, etc., are concerned. In some instances, children who previously found it necessary to read braille have been able to transfer to regular-print reading. In some cases, because of the slow reading process, pupils have continued with both braille and print reading, using the special lenses for material that is not readily available in braille or which can be more easily understood through a visual approach. Although this group of children who have extremely low vision are able to read regular print, they are, nonetheless, very seriously educationally handicapped and must receive skilled educational counseling and other special educational considerations.

The Commission for the Blind also serves other partially-seeing pupils who have less difficulty in their school programs but who, nevertheless, do require some special materials and equipment and some educational counseling. There are also many other children who have loss of vision which, according to Snellen Chart reading definitions, might place them in the category of the partially seeing. However, these children are not continued on the register of the Commission and are, therefore, not served by its staff unless they have educational problems or are in need of eye health services.

As the blind or partially-seeing pupil approaches the junior or senior high

school period, the emphasis of services provided by the Commission changes according to his changing needs. Rather than an itinerant tutorial program or the supplemental instruction provided by the local school system, he may merely need to have available to him the services of a reader who can assist him in library or other assignments not available in the basic textbooks. The Commission may pay a faculty member of the high school or an advanced student working under the guidance of a faculty member to serve as a reader for the blind or partially-seeing pupil. Selection of a member of the school faculty for this "position" serves the double purpose of providing the student with necessary reading service and also providing the Commission with a liaison person in the high school who will keep in touch with the student's needs and notify the agency if special problems arise, thus eliminating a certain amount of unnecessary correspondence, telephone calls or personal visits to check on the welfare of the student. Likewise at this period, the type of counseling will involve more vocational counseling, more emphasis on the "social arts" and "efficient living skills" especially including physical orientation and travel techniques and independence in determining individual needs and methods of fulfilling these independently.

During the later high school years, emphasis is given toward independent living for this group through a summer program which involves a period at the Commission's residential camp, followed by several weeks at the Commission's Vocational Rehabilitation Training Center. During this summer program, emphasis is placed on developing efficiency in cane travel, typing, script writing, braille, social dancing, table games and other recreational activities as well as vocational guidance, domestic science and machine shop activities. Most of these students have already had experience along these lines but profit from the intensified program of refinement of abilities and experience.

Those students whose vocational planning involves continuance in an academic program either in colleges or universities or vocational schools remain under the guidance of the Educational Services of the agency with educational and vocational guidance provided by the educational counselors and textbooks and other special materials and equipment supplied through the Educational Library Services.

Although as already indicated, a count on any one date indicates that a very large majority of New Jersey's visually-handicapped children are attending regular classes in their local district schools with the "special education" brought to them through the Commission for the Blind, it should be noted that a goodly number do experience enrollment in a special class for the visually handicapped, or a residential school for the blind at some time during the course of their school careers. During the period from 1910 to 1940, several larger cities in the State established special classes for blind and partially-seeing pupils. Generally, children living within school districts maintaining such classes enter these programs after the kindergarten year. Occasional exceptions are made when an analysis of the child's total situation indicates that placement in a private or parochial school, his neighborhood public school, or a boarding school for the blind would better serve his needs. When a child enters a special program for blind or partially-seeing children in one of the larger cities, the especially trained teachers in these programs assume responsibility for the academic program in these classes. The Commission's staff has a continuing interest in the child's total welfare. The staff consults with the special teachers regarding

the suitability of this program for him and continues its guidance with parents and community recreation facilities and other agencies.

For many of the children who do not live in the larger cities, these same facilities may be available. If the smaller "special" environment of a class for blind or partially-seeing children seems advisable and if there is room in one of the city classes. the child living within commuting distance may attend such a class on a tuition basis. State school law provides that tuition and transportation may be paid by the local district with certain reimbursements by the State Department of Education.

Likewise, if placement in a residential school for blind children seems advisable and if funds are available, a blind child living in any part of the State may be enrolled in one of these programs. Generally speaking, every effort is made to have the child remain in his own home with the special facilities provided within the community. The small number of New Jersey children attending residential schools represents those who have additional severe physical. mental, emotional. social or environmental handicaps. When a child is placed in a residential school for the blind, the teachers there assume responsibility for his academic training, but as with those in the special classes for the blind and partially seeing, the Commission's staff continues its interest in the child and provides parent counseling and consultation with the school personnel. Since New Jersey has never maintained a state residential school for the blind, there has remained the freedom of selection of school according to the child's total needs. In 1960, New Jersey chooses among seven residential facilities for blind children. When a child is placed in an out-of-state residential school, the Commission for the Blind, by law, pays the tuition costs. Recognizing that a handicapped child, perhaps even more than others, needs the love and care of parents and normal family and community experiences, every effort is made to have the child remain in his own home with an educational program appropriate to his needs provided. In spite of this, a large share of the Commission's Educational Services' budget is devoted to children who, because of additional handicaps, require this highly specialized service. As indicated earlier, the educational placement for visually-handicapped children is especially difficult when there are one or more additional handicaps. As facilities for physically, mentally and emotionally handicapped children are developed throughout the State, programs are opened for those visually-handicapped children who happen to have these additional problems. At this point, experience indicates that those children with a visual handicap who have been enrolled in special programs for the other physical or mental handicap have in many instances made better adjustments than those who have been segregated in programs for the multiply handicapped provided, of course, that the additional services required by the defective vision are made available. Here again, paucity of services for all children seriously affects those available for blind and partially-seeing children. The excellence of the several residential schools for the blind within 200 miles of New Jersey and their willingness to make provisions for New Jersey's children when possible, coupled with the increasing number of special programs for handicapped children throughout this State and their willingness and ability to provide for multiply handicapped children, has been able to accommodate only a small proportion of the total number who need this service. This group may be considered "the forgotten children" for whom the

lag in development of facilities and the lag in funds are responsible.

The total program for the education of blind and partially-seeing children in New Jersey is dependent upon a close working relationship between the Commission for the Blind and other agencies and departments serving handicapped children and those serving all children. It is also largely dependent upon literally hundreds of public spirited citizens who give of their time and effort generously with the sole compensation being the satisfaction of contributing toward the welfare and improved educational programs for those who are visually handicapped. Chief among these in numbers as well as in time and effort expended should probably be named the volunteers who transcribe into braille or on sound recordsing the textbooks for the blind and partially-seeing pupils attending their local elementary or secondary schools, colleges and universities. If a blind pupil is to receive an education at least equal to that of his fellow classmates, he must have the special services listed above and he must also have the same textbooks which are available and used by his classmates in a medium which he can read. In New Jersey where each school may select its own textbooks and where each class uses a large number of different textbooks, provision of these for each pupil is a very serious problem. The Commission maintains a student library of textbooks which may be purchased from braille, large print or Talking Book publishers as well as special materials and equipment which may be purchased from various sources. In addition to this, each year hundreds of titles must be hand transcribed into braille or sound recorded by volunteers who have developed skills in this work. In 1960, over 300 volunteers are engaged in the preparation of textbooks for visually-handicapped students in various school situations throughout the State. Many other volunteers are devoting their energies to making other special materials according to the needs of the students. The textbook materials alone required for students in various categories in their local elementary, high school and colleges for any one year is staggering. For instance, during a recent school year the Commission's library shipped to various students throughout the State 3,251 volumes of braille books, 1,826 volumes of large-print books, 26,610 discs of sound-recorded materials plus several thousand other special materials and equipment. Because of the increased number of visually-handicapped children attending their local schools, the number of shipments increases by several thousand each year. Although the preparation for shipment and ordinary library routines regarding loan and return of materials would in itself be an enormous job, this is multiplied many times by the fact that the large group of volunteers require direction and supervision in order that materials prepared will be of suitable quality and will be available at the time that the student needs them.

There are other services which are also integral parts of the total educational program and which are dependent upon public-spirited citizens for their function. Among these is Camp Marcella, a residential summer camp for visually-handicapped children operated by the Commission for the Blind with partial operating expenses provided through State appropriation. The remainder of the operating costs plus all costs for the original purchase of the grounds and buildings, additions and improvements to and maintenance have been provided by volunteer groups and individuals, many of whom have devoted long hours to the raising of funds or to actual work on various projects. Camp Marcella, which provides a normal camp program for visually-handicapped boys and girls from six to four-

teen years of age including swimming, boating, crafts, athletics, hiking, music and dramatics, nature study, field trips, overnight campouts, etc. is an important part of the total educational program for blind and partially-seeing children in this State. It also provides a special tutoring program for a selected group of campers and an opportunity for all campers to gain experience in group living away from home, development of skill in sports, crafts and other activities which may be enjoyed with their seeing friends at home and an opportunity to become acquainted with other children with similar handicaps. In a State-wide educational program in which most visually-handicapped children attend their local schools as the only child with a severe visual problem in the school, it is particularly important that special provision be made for some of the above activities at certain periods in the child's life. The camp is, therefore, a very important adjunct to the total educational program.

The quality of service which blind and partially-seeing children in New Jersey receive is very closely correlated to the quality of training and abilities of the special teachers who serve them, whether these be special teachers employed by the Commission for the Blind as educational counselors or teachers in the special classes maintained by the larger school systems. Recruitment of properly qualified teachers is especially difficult at a period when there is a shortage of all teachers. This becomes more acute when the special teachers must have the equivalent of a full year of training beyond that required for the regular classroom teacher. Recognizing this need, service groups have provided a special Teacher's Scholarship Fund through which teachers who work with visually handicapped children in New Jersey can be reimbursed for additional courses required for their certification as teachers of the blind and partially seeing. Availability of these scholarships through the Commission for the Blind and under requirements established by this agency has not only made it possible to draw to New Jersey teachers interested in teaching visually-handicapped children, but also experienced teachers who may not happen to have the high training requirements necessary for certification in this State. The Commission cooperates with colleges and universities in establishing teacher training programs which will meet New Jersey requirements for certification.

The New Jersey Plan for the Education of Blind and Partially Seeing Children, by virtue of its highly individualized approach must of necessity be as complex as the number of children served and the diversity of their needs. With so many more visually-handicapped children in the State than ever before, and with the peak number still to come in the 1960's, it is most fortunate for New Jersey that an educational program has been developed which has the aim and desire to look at each child and to find and develop ways of best serving him. It is also fortunate that there is the flexibility which permits using any facility, and the experience of utilizing public and private professional services including those serving all children and services specializing in work with those who are blind. There is still much that needs to be learned in understanding the potentialities and the problems of the children, in finding new tools of learning, and in developing in new facilities. However, New Jersey can take pride in its progress to date in view of the fact that many states are just now beginning to develop their programs along similar lines.

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Vocational Rehabilitation Services

Carl C. Pirups-Hvarre
Supervisor of Vocational Services

VOCATIONAL REHABILITATION services are available to all persons, provided there exists a physical or mental disability resulting in a functional limitation with the result that there exists a substantial handicap to employment. A handicap can be defined as that which prevents a person from doing what he wants to do. The degree to which a blind individual can do all the things he desires is a measurement of the extent to which such a person has been rehabilitated. In short, self-reliance, self-sufficiency and independence are the ultimate goals of an effective rehabilitation program. This concept is axiomatic regardless of what area of rehabilitation is considered.

A word about the formal aspects of the Vocational Rehabilitation service which is a Federal grant-in-aid program. It has as its objective the placement of blind persons in gainful efployment. To accomplish this end part or all of the following services may be required:

1. Diagnostic evaluation—including complete ophthalmological and other medical reports, psychometric testing, as well as other specialized examinations as indicated.
2. Guidance and counselling from staff members and cooperating agencies.
3. Physical restoration—which may include a course of treatment or surgery to remove or minimize a physical limitation affecting employability. For example, an eye operation which may restore sufficient sight for a blind person to return to his former occupation or hernia surgery which enables a blind person to work more effectively.
4. Training—this includes personal

adjustment services, pre-vocational and direct vocational training as needed.

5. Placement on-the-job—Commission counsellors contact prospective employers and other employment sources in order to analyze and demonstrate those jobs which are particularly suited for blind people. Following this, the counsellor completes the arrangement for placing a competent client on the job.

One of the most difficult problems faced by a newly blinded individual is the inability to do for himself. Problems related to daily activities such as personal grooming, eating, travelling, etc. are almost insurmountable while the prospect of returning to remunerative employment is so dim as to appear almost hopeless. And yet, not withstanding despair and frustration, a newly blinded individual can return to his former place in society, shouldering his responsibilities and enjoying the privilege of contributing even as he did before he became blind. Unfortunately, such a change does not occur overnight; in fact, it is usually only after many months of planning and training that such a transformation can take place. Since all blind people are different, one from the other, there is no single answer that will solve all their problems. Each individual must be considered separately and his special needs must be identified before any solution can be proposed. Thus a complete and thorough diagnostic evaluation procedure is very important. Psychometric testing, job tryout, as well as exposure to a variety of special work situations are only a beginning in the process of learning to know an individual in terms of his intelligence, interests, abilities, and limitations, as as well as his personality and social adjustment.

If diagnostic evaluation is the first step in vocational rehabilitation, the second is guidance and counselling. A vocational counsellor must exercise all possible care as he patiently evolves a practical plan for the rehabilitation of his blind client. The emphasis is always "with" his client rather than "for" his client. Such a plan must take into account all diagnostic data including basic medical reports for programming and determining the need of the individual for possible physical restoration, training, as well as other services leading to placement. Once a suitable vocational plan has been promulgated, judicious and speedy implementation must follow in order to render it as effective as possible. In the event physical restoration is required under the plan, arrangements for medical care or surgery are made with the client's physician. Whether this medical care involves surgery and hospitalization or is a minor ailment, the Vocational Rehabilitation program will assume the responsibility for furnishing it; provided, however, the proposed physical restoration contributes to the employability of the client, and he is without adequate means.

At this time, it should be pointed out that no vocational plan can be formulated without the client's consent and participation. Not only is it necessary for a client to participate in the formulation of his plan, but he should also fully understand the vocational objective, as well as the importance of cooperating with his counsellor in following through with the services required and prescribed in order to reach his goal. The successful implementation of the client's vocational plan in a large measure depends on the competence of his counsellor. Recognizing this fact, it is important for the counsellor to serve each of his clients in accordance with their individual needs. An adequate vocational counselling service must con-

sider the individual client *in toto*; that is, in order to achieve the client's greatest employment potentialities, his health, his personality, as well as his social adjustment must be taken into account and related to his vocational objective. Also, it is necessary for a vocational counsellor to assist his client in developing and understanding his capacities and limitations, and in using appropriately the medical, training, and other rehabilitation services required to reach the occupational goal.

In almost every instance training in some form is required for the successful rehabilitation of the individual. Here, too, the training plan is based upon individual need and vocational goal. In so far as possible, colleges, standard vocational, secretarial, and other training and rehabilitation facilities are used. However, in some instances, more specialized training is indicated such as on-the-job training, apprenticeship, individualized instruction, or attendance at a Rehabilitation Center for the Blind.

A well balanced and dynamic rehabilitation center can go far in providing travel training, instruction in self-care and personal adjustment, pre-vocational training and even vocational training in some instances. Of all the skills acquired by a blind person, the ability to travel independently is one of the most important. It is difficult to conceive of how a blind person could hope to engage in competitive, remunerative employment, unless he possessed the ability to travel independently to and from his job. If a blind person were to depend upon a sighted friend to guide him to and from work, the blind person's work record of absenteeism might be unduly poor since it would necessarily take into account the whims and illnesses of his friend. Also, special attention should be given to the blind client's personal appearance. The staff at the Commission's Rehabilitation Center is equipped not only to provide competent travel training, but also instruction in hair grooming, make-up, the care and choice of appropriate wearing apparel, shaving, polishing shoes, and other personal care tasks.

The psychometric tests usually provided to clients at the Rehabilitation Center are only indications at best. A client who has never had the opportunity to work with his hands may show considerable improvement in his dexterity and finger manipulation after being exposed to work situations designed to develop these skills. Likewise, developing a client's ability to orient himself in a specific work area is emphasized. Safe work habits are developed. Special skills and techniques are acquired. Machine tools such as millers, shapers, lathes, drill presses, woodworking equipment of every description, assembly operations, inspection and general processing are representative of the types of work experiences in which training is provided at the center.

A complete home economics kitchen and serving area is available at the Commission's Rehabilitation Center for the training of housewives. Not only is it important for these women to know how a menu is prepared, but special attention is given to serving the meal correctly, cleaning up after the meal, washing the dishes and finally laundering the linen. Planning for balanced meals, budgeting, marketing, and other typical problems related to the operation of a successful household are taught.

Occasionally it is necessary to provide an individual client with some type of special instruction of a vocational nature. For example, a client may be interested in establishing himself in a home manufacturing business wherein he intends to make and sell a particular article. Lamps, toys, ornaments, woodwork, etc. are a few of the items manufactured. Other clients are interested in the operation of a particular machine

such as a key making machine, saw sharpener, or possibly even a power sewing machine in order to earn a livelihood. No matter what the proposed project, if it is practical and reasonable, everything is done to provide the service required to make the client competent in his chosen field of work.

When at last the client has been prepared to accept employment, it then becomes necessary to locate or develop an employment opportunity in keeping with his interests, abilities, and limitations. To date approximately 1,500 blind persons have been placed at various types of self-supporting work in New Jersey. Industry, business enterprises, agriculture, professional and white-collar work, home employment, service areas, and contract shops, represent the general classifications of work in which blind people have been placed. Employers considering the hiring of a blind person are assured that the blind employee has been trained and is able to measure up to sighted workers on the job selected. They are further assured that if the blind employee does not produce as good a quality or as much in quantity as any other worker on the same job, the blind individual should be subject to the same opportunity for placement elsewhere or for removal as in the case of other workers. The head and not the heart rules the arrangements whereby blind people are placed in competitive employment. Sympathy and pity are rejected and acknowledgement made of the fact that employers are interested in earning money and that if the Cofmission's placement program cannot contribute to this end, it has no business trying to compete with sighted workers.

The Commission often receives requests for lists of jobs on which blind persons have proven successful. Unfortunately such lists prove little, except that vision was not required to perform the jobs cited. These lists of jobs can be very misleading since the ability of one blind person to do a job successfully in a given situation does not of itself prove that another blind person can do a similar job even though the situation may appear to be identical. Comparisons can only be made of individuals by means of the objective measurement of their capabilities. Many other individual factors should also be evaluated. For example, some residual vision may be an important asset. Especially is this true in traveling, orienting in a work space and even in adjustment both personal as well as social. On the other hand, if a job requires vision to perform it successfully, a partially sighted person will usually come out second best competing with a fully sighted person in performing such an operation. A person with impaired vision often has a problem in trying to use his sight adequately to perform a job. Such a person might have to hold an object several inches from his face in order to see it. Obviously then, if he were working on a machine with moving parts, or on some other operation which was inherently dangerous, such as with hot solder, acid, electrical wires, etc., bringing his head down several inches from the work material would be impractical. On the other hand, it should be pointed out quickly that all jobs performed by sighted people do not necessarily require sight to do them successfully. Frequently, other senses can be substituted for the sense of sight. For example, the sense of touch, hearing, even smell can be occasionally substituted for vision in the successful performance of certain jobs. Touch typing as opposed to the "hunt and peck system" is an excellent example of this. In touch typing, the keyboard is memorized, and by coordination and touch, the typewriter is operated. In the second instance, sight is used to find the key, and then it is subsequently struck, with the result that considerable time, motion and energy are lost.

It is amazing how many jobs can be done without sight and in some instances even better without sight. Discovering new ways in which to do old things, or substituting one sense for another, even though this might mean acquiring new skills or techniques is the basis on which suitable jobs can be selected. The principle still holds that it is better to follow this procedure than to endeavor to compete through the use of a weak asset. Othewise it would be comparable to a lame man endeavoring to outrun another man with strong, healthy legs. Possibly a case or two will illustrate the point.

Bob is a young man in his twenties with some residual vision. In fact he had sufficient sight to travel alone, to recognize people, and to orient himself easily in the work areas. A job was found for him in an electronics plant, where he assembled electronic components. Although trained to do the work by touch, Bob depended on his sight to do his work, and would hold his head down to within a few inches of the work bench. One day a loose wire was almost poked into his eye, with the result that the shop foreman would no longer allow him to do the work. This job might have been saved had Bob continued to do the work by touch, rather than using his limited vision.

To cite another situation, some years ago, a call was received from a manufacturer of radio condensers. The company wanted to know if blind people could work in factories. Subsequently a survey of the plan was arranged, and it was discovered that the plant's production was seriously hampered by a bottleneck in their inspection and sorting department. Electric gauges were used to measure thickness of mica and there was an insufficient number of electrical gauges available to keep up with the production demands of the plant. One person using such an electric gauge could sort and classify approximately 18,000 pieces of mica per day. After experimentation, it was found that a blind person could do the same work accurately by merely using his fingers. This latter method was so time-saving that blind workers were reported to be turning out as many as 85,000 pieces of mica per day. Little wonder why this company became an enthusiastic supporter of the Commission's program for employing blind workers in industry.

It has been estimated that approximately twenty-five per cent of all blind persons are employable at competitive work. Since the largest number of blind persons become blind after sixty-five and still another large number represent school children, it is readily understandable why the estimate of twenty-five per cent is as low as it is. This means that approximately 500 people on average are presenting themselves each year for rehabilitation services leading to employment. Of this number, about two out of five will find their way into employment in any one year. But just as significant as numbers is earnings. In 1959, the combined earnings of blind people placed in employment during the year totalled $416,000. At the time of application for Rehabilitation Services, earnings for the same individuals were negligible. Rehabilitation as has been demonstrated is good business not only for the individual who is restored but to society, which has a new taxpayer.

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Services to the Homebound, Adult Blind

Helen M. Gromann
Supervisor of Field Workers

In 1909, a young blind woman traveled from Massachusetts to assume responsibility for directing the newly-established Commission for the Blind and to accept the task of organizing a program of service to those residents of New Jersey found to be visually handicapped. To come to New Jersey, Miss Lydia Young Hayes, first executive of the embryo agency, resigned from a position as home teacher of the adult blind. Her training and experience focused on the group of individuals which has always comprised more than one-half of the number of clients registered in any multiple function agency for the blind. Traditionally, as well as statistically, home teaching has been a vital function of the New Jersey Commission through the years.

In the early days, home teachers placed emphasis on instruction in braille and various handcrafts. This program was provided primarily to encourage the constructive use of idle time by those blind persons who had little to do and were homebound. In some cases, individuals developed sufficient skill to make possible small earnings from the sale of handwork products. Incidental to her regular schedule of instruction, the home teacher, if her background and insight prompted, undertook to assist her charges with the handling of physical or emotional problems as well as difficulties in family or community relationships. This unscientific "common sense" approach proved to be effective in direct proportion to the home teacher's capacity for understanding of human want and requirement.

But as the concept of the philosophy of social welfare has changed through the years, the role of the home teacher of the blind has developed from that of an instructor to that of a social case worker, who also teaches in highly specialized areas. Today, the scope of

home teaching service includes rehabilitation in its broadest sense and has as its objectives the adjustment of the whole individual to his total situation. Working in an agency setting, and as a member of a team which consists of medical experts and employment specialists, the home teacher helps her client to work out a suitable, realistic plan and take the necessary steps toward the restoration of the individual to the extent possible—the achievement of respect in the community, status within the family and personal satisfaction in participation in constructive activity with a maximum degree of independence.

At the present time, the Commission staff includes seven home teachers, each of whom has earned at least a bachelor's degree and has taken special training in the techniques of teaching occupational skills and has completed some advanced study in the field of social service. Each New Jersey home teacher has seriously impaired vision, on the basis of which she has been classified as blind. The policy of engaging blind women as home teachers has been dictated by the fact that a client who struggles with all the trauma associated with the loss of eyesight is usually able to identify with another blind person. He is helped to make important progress toward adjustment to his new life by the example of another blind person working competently and with a minimum of dependence or frustration. A blind home teacher is not inhibited in her relationship with her client by lack of understanding of the true nature of blindness.

Each home teacher is assigned to a specific geographical area serving clients, on an individual basis in their home, as they are referred to her from the office.

Requests for service from blind adults are referred to the Home Teaching Department unless there is an expressed interest in financial assistance, formal schooling, medical care or employment. Requests for service are many and varied, but by far the most common inquiry concerns Talking Books. The Federal government, through the Library of Congress, makes Talking Books available to the blind throughout the United States. A Talking Book is an electric phonograph which has been adapted and simplified so that blind persons can manage the operation without help. Complete books, in the form of sound recordings, are provided to Talking Book borrowers by regional libraries. The records, delivered by mail, require no postage. They are packed in special containers designed so the borrower will encounter no difficulty in repacking the discs for return to the library when he has finished the book. The New Jersey Commission for the Blind is responsible for distributing Talking Books to eligible persons in this State. Currently, nearly 2,000 Talking Books are in use by New Jersey residents who cannot see to read. These Talking Book "readers" enjoy listening to all types of classical and modern literature, the Bible and some popular magazines. There is no charge to a client for any part of the service. He may borrow a Talking Book for an unlimited period and his machine is replaced when it needs repair. Talking Books are delivered by home teachers who explain the details of the service, instruct the borrower in the operation of the machine and arrange for necessary replacements and library registration.

The demon of idleness plagues most newly-blinded persons. The home teacher finds a large proportion of her clients in their declining years. These are people who, with sight, probably would be partially or wholly retired from employment as wage earners or home-makers. Without sight, enforced retirement may

preclude for many, the time and attention consuming activities of hobbies, community affairs and simple routines of personal and family life such as mending, shopping, and driving. While the home teacher is helping to restore as much of her client's "old self" as possible, she tries to keep him busy with activities that will provide rewards of pride in achievement and stimulation from progress. Often a client will be interested in re-learning a craft which he had mastered with sight. For a perfectionist, this might be too painful. He might wish to start fresh. In either case the home teacher provides the training materials and regular instruction until the objective is gained.

The Commission's Home Industries Department becomes involved with some of the teacher's homebound clients, particularly those receiving handwork instruction whether the client is filling leisure hours with a handcraft project or is determined to learn enough so that his products may provide for some income. On the home teacher's requisition, a client is provided with raw materials and tools for his use while he is learning a craft. When he has achieved a degree of proficiency satisfactory to himself and the teacher, he may continue to order materials from the Home Industries Department, but will be charged wholesale prices. The Home Industries Department helps in marketing salable handwork articles. Those homebound clients who show promise and/or develop special skill are referred by the home teacher to the Commission's Vocational Rehabilitation Department for specialized equipment and concentrated advanced training which may result in substantial home employment with relatively good financial return. A few may even achieve outside competitive employment.

In order to meet his daily living needs a client may require instruction from the home teacher in developing ease of motion in his home surrounding, counting coins or dialing the telephone. A blind man may need to work out a satisfactory method of shaving or a system for identifying clothing. A blind woman often requests help in applying cosmetics, lighting the gas stove, or operating the washing machine.

Braille reading or writing is taught to a client who wishes to play cards, keep recipes, address and telephone lists or to one who wishes to mark canned goods or tools. Or, braille might be taught to some persons simply because they wish to read books and magazines in embossed type. Every blind person is encouraged to learn or re-learn to write his signature. He can be provided with devices to guide his signature and aid him in writing full pages of script if he wishes.

A typewriter is an invaluable aid to many blind persons who wish to communicate with sighted persons easily and neatly. The home teacher instructs the would-be typist in the touch system using a typewriter with standard keyboard.

An extended course of home instruction often develops for a blind homemaker skill in cooking, sewing, laundering, cleaning, shopping and entertaining. A similar program for a man often includes care of the furnace, gardening, carpentry, hanging screens and storm windows, cutting the grass and shoveling snow.

The ramifications of home teaching are many and varied. In the dual role of caseworker-teacher, the home teacher rarely provides one isolated service to an individual. Because the impact of blindness affects the emotions and attitudes of the person who is blind as well as all of his relatives, friends, and associates, she considers all of the aspects of his needs when serving him and seeks the aid of other agencies in the com-

munity when the client's requirements go beyond the scope of her agency's function or beyond the limit of her ability to cope with the need. Often a home teacher's service to a client includes no formal instruction sessions; however, when instruction is required and provided, it is an integral part of the case work process. This fact is manifest in brief notes on case material cited below.

Some examples of teacher-client situations include:

Mrs. A., aged, enfeebled, unable to cope with the care of herself and small apartment; has outlived family and friends. Fearful, submissive. Wishes the end would come.

Working with the local welfare board, the home teacher locates a suitable nursing home, reassures client about factors in new environment and executes orientation program in new surroundings. Delivers Talking Book machine and instructs client in its operation and arranges for provision of records so that client will have the solace of Bible reading each day.

* * * *

Mr. B., blinded at 65, living with married son. Irritable, idle, restless.

Home teacher initiates home instruction in simple leather craft. Encourages and helps to plan small garden project outdoors for summer and on window slat for inclement weather. Arranges for invitation for Old Guard membership, for procuring movie pass and one-fare railroad concession. Client becomes busy. He looks forward to seashore trips with grandson. He contributes in family conversation and participates proudly in community events.

* * * *

Mrs. C., losing vision gradually in early forties. Elderly aunt cares for home and children. Mr. C. over-solicitous; children rejecting.

Home teacher spends much time building confidence in client's ability to perform simple tasks. Demonstrates to husband and aunt necessity for sharing home chores with client. Encourages P.T.A. participation to revive children's pride of mother and interest of community. Enlists help of school teachers. Draws in family service agency to counsel rebellious aunt. Builds up planning to full-time Homemaker Course at Commission Center. Follows up with braille instruction for recipes and memoranda. Provides sewing instruction for home repairs and economy in gift-making.

* * * *

Mr. D., deaf-blind, 24, resentful of employment of sister and dependence on parents. Parents panic-stricken about future security of client.

Home teacher arranges for otologist's examination and, through Service Club, for purchase of hearing aid. Subsequent progress causes client to be referred for Travel-Training Course, later for employment counseling and other vocational rehabilitation services. Client is now employed as inspector in assembly plant.

* * * *

The foregoing case briefs serve to demonstrate the versatility of the home teaching operation. The worker uses her skill as a caseworker-teacher, together with the resources of the community, the physical and emotional assets of the family, and the strength and potential of the client to bring about his day of freedom from bondage by blindness. In serving a client, a New Jersey home teacher adheres to the principles of social work which maintain that a client has a right and a need to be free

in his choice; that human problems do not exist in and of themselves; and that a caseworker must establish a working relationship with a client, accepting him as he is and not as the worker thinks he ought to be. Thus, a home teacher uses her highly specialized techniques to help a client to reach his goals.

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Home Industries

Adele Prescott
Supervisor, Home Industries Department

In agencies that are organized to assist handicapped groups, there is always a large number of clients who must confine their earnings to work which can be done at home.

Early in the life of the New Jersey State Commission for the Blind, a Home Industries Department was organized to assist this group to work in their homes making articles which the public would be interested in purchasing. The service started out in a very small way, accumulating a stock of baskets and hand woven rugs. It was not long before it was realized that there were many people registered with the Commission for the Blind who were capable of producing beautiful and well made articles which could be presented to the public in various ways. It was the policy of the Commission to accept only well made merchandise, and as a result many articles were received which could bear the closest inspection as to work, refinishing, etc.

Gradually, it was discovered that many blind women could knit, and they were helped with patterns and instructions to perfect baby sweaters, jackets, bonnets, and booties. In this work, it was found that many could use a larger needle with heavier yarn which was more readily felt, and many blind women were soon busy making children's sweaters, men's sleeveless sweaters, and in addition, caps of heavier yarn. Some even perfected hand knitted mittens in various sizes. This merchandise added many salable articles to our inventory, but a need existed to find even larger varieties to present to the public.

It was realized many articles could be made through using a sewing machine. A group of workers were started in this field, and now there are many individuals using heavy duty manufacturer's-type sewing machines as well as overlock machines used in finishing seams. As a result, there has been added a full line of aprons both useful

and fancy, pillow cases, and an assortment of articles for babies such as bibs, laundry and toy bags.

About this time, it was realized that if this merchandise were being made to present to the public, it was necessary to organize different types of sales for this purpose. Early in the history of the Home Industries Service, county fairs seemed to be the best place to demonstrate to the public how well articles were made by the blind. It was not long before it was realized that these sales presented a way for the public to learn of the other services which the Commission for the Blind had to offer. As a result, many cases of people with defective vision were referred to the Commission through the county fairs. Now sales had a twofold purpose: first, to let the public know of the services that were available to those who needed them; and second, to purchase the articles that had been made by blind craftsmen.

Word spread rapidly to blind men and women that they could work at home, have their merchandise sold, and receive the entire income from the article when sold after the raw material cost had been deducted. Also, the person had the privilege of deciding just how much he wanted to make as there was no pressure as to how much he was expected to do. There were some who wanted to make a little pin money, and, at the same time, there were many who wanted their earnings to amount to a considerable sum to help with family expenses. As more people participated in the program, inventories increased by leaps and bounds, and it was soon obvious that additional types of sales had to be planned to dispose of this increasing inventory.

In the early days, it was necessary for the articles to be sold before the consignor could be paid for the work, but some years ago, a revolving fund was established so that the people who had worked so diligently could be paid on a monthly basis for all articles that were sent to the Commission by a given date. This put an entirely different picture on the Home Industries activities, as a person could count on receiving reimbursement at once for the merchandise which he or she had consigned. And still the inventory grew and grew, and more and more sales were needed.

As Essex County was by far the most heavily populated county in the State, a "Week for the Blind" was organized. Now, after thirty-six years of existence, the Essex County Educational Week for the Blind is still the highlight of the entire sales program. In organizing a week of this type, a committee of volunteer helpers from churches, synagogues, clubs and organizations are asked to sponsor the sale, and although it started in a very small way, there now are approximately 300 interested women who work on this project year after year. Without the dedication and support of these individuals the sales program could not have been made possible. It should be noted that one woman is still serving who was in the original planning group, and many have served over twenty-five years.

During these "Weeks for the Blind," it is customary to have some of the blind consignors demonstrate their work, as often the public is uninformed and believes it impossible for a blind person to produce an article so well made and must be shown to believe it possible. The Essex County "Week for the Blind" is divided into separate groups, with different religious and club groups sponsoring the various sale days. During the week there is a luncheon daily which is served by the company from which the agency engages a ballroom for the sale. The luncheon tickets are sold well in advance for the sale by

the groups working with the Home Industries Service and are the means of a great deal of publicity. In addition, for the past several years, there has been a half-hour musicale in the course of the afternoon when a blind vocalist and blind musicians entertain the guests. From the experience of the Essex County "Week for the Blind," it soon became apparent that volunteers could help a great deal in selling the articles that had been made by blind craftsmen, and the same plans that had made the "Week for the Blind" so successful, were applied to "One Day" sales throughout the State.

In organizing one of these "Days for the Blind," a committee consisting of representatives from local church and service organizations conducts a meeting at which time they are briefed on how a "Day for the Blind" in their locality would benefit not only the blind men and women of the State, but educate the community concerning the many ways in which the Commission for the Blind assists individuals with defective vision. Ths plan has been in existence for many years and invitations for return sales are received year after year. Returns from these "Day" sales total approximately $400 for a small area, and from $800 to $900 for the larger localities.

As we meet the same people year after year, it is necessary for us to use only the finest materials for consignors to work with. Great care is used in selecting material which is pleasing to the eye, and it is a great satisfaction to hear the compliments blind craftsmen receive for the excellence of their products. A large supply of raw materials of all kinds is kept at the Home Industries headquarters, and are supplied to purchasers in small or large quantities, as required, at cost.

There are many requests for materials from blind people who are not regular consignors but who wish to knit sweaters for someone in the family, or to make a house dress for personal use, or clothing for their children. This is in addition to consignors who are on a regular work basis whose monthly order of raw materials is delivered to the home by station wagon at which time their finished products are picked up. Certain days of the month are allotted to different localities so that the blind worker will know when to expect the driver in their neighborhood. In planning for monthly consignments, large quantities of aprons, pillow cases, and other articles must be prepared. In order to do this as economically as possible, there is in use a twenty-four foot cutting table with folding apparatus, and a cutting machine which cuts from 250 to 300 aprons at one time. Bundles of aprons are assembled with binding and thread which match the colors in the apron material. Such an arrangement is the difference between a poorly planned article and one which is exceptionally pleasing to the buyer. This care in planning has been one of the reasons for the increased growth of the Home Industries Service.

Over a period of years, consignors have increased until now there are approximately 125 people who are making merchandise for Home Industries.

Approximately ten years ago a direct sales program was initiated as another means of reaching the public with the increased volume of articles received. In this program, a prospective customer is contacted by phone by one of our telephone operators, and when permission is granted by the person contacted, a salesman is sent to the home to secure orders. We have impressed upon the public through our telephone solicitors to always ask for a salesman's credentials as all salesmen are required to carry these on the agency letterhead.

The Home Industries unit also conducts a chair caning business and in

the course of the year recanes approximately 1,100 chairs. Customers bring their chairs to our headquarters where they are sent out to caners in different localities. Chairs are picked up and returned to Home Industries where the owners come to receive them. During the depression period when it was impossible to purchase cane at a reasonable price, the telephone company asked if there were any way to recane their telephone operator chairs, and it was suggested that they buy the raw material, which was costly, and blind craftsmen would cane the chairs at an established price. This has proved to be a successful undertaking, and it is still in process. There are thirteen caners in different localities in the State on this project. The telephone company takes its chairs to the caner nearest the office, notifies Home Industries as to the number of chairs they have left with the caner, and upon completion of the work, pick up the finished chairs. During the past year, 221 chairs were caned through this program in addition to the 1,100 caned for the public.

The Home Industries business has grown over the years until our sales to the public this past year have totalled a little over $200,000, which means that there are many busy fingers among the blind people of New Jersey who by this program are enabled to be active and to have the satisfaction of participation and usefulness in their home and community.

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Financial Aid to the Needy Blind

Joseph Kohn
Assistant Executive Director

DIRECT RELIEF to the blind came into existence in New Jersey with the passage of legislation in 1921.

> "The act defined a proper person to make application for relief as any person of either sex, who, because of blindness is unable to earn sufficient money to provide the necessities of life, and who, if not relieved, would become a public charge. The applicant was required to establish that he had no legally responsible relative able to care for him and must have resided in New Jersey for five out of nine years prior to the date of application." [1]

This application was made to the Commission for the Blind and investigation followed. If the facts set forth in the application were sufficient to warrant a grant, the Commission then presented a petition to the Court of Common Pleas in the county of residence for endorsement. The Court, on the basis of the facts presented, including a carefully prepared budget, then decided whether a grant should be made and what amount was needed to maintain the blind person. The maximum grant at this time was $25 per month. Of interest to us today is the fact that in the first full year of operation thirty-seven recipients received $5,290.

The supervision of the recipient then passed to the Commission for the Blind which paid the relief grants monthly from revolving funds provided for the purpose and received reimbursement from the various County Boards of Freeholders. At the discretion of the Commission, the grant could be discontinued, increased or decreased as the budgetary need indicated.

There were other requirements written into this first State operated assistance program for the blind:

> No person was eligible for this relief while publicly soliciting alms in any part of the State.

1. An Historical Survey of the New Jersey State Commission for the Blind. 1909-1949. Bachelor's Thesis, College of St. Elizabeth. Helen M. McGrath.

Recipients were required to make a return in service equal in value to their grant provided judged able to do so.

Assistance was not available to husband and wife if both were blind and were married after the effective date of the Act. Only one could receive Assistance.

The Commission Board of Managers was required to make an "annual examination" of those receiving relief to reassess the extent of need.

The Board was empowered to grant funds (scholarship) to those recipients who could be enabled to earn their own living through a course of special instruction.

The Board could also provide funds for such surgery or treatment as would improve or remove the recipient's disability.

These requirements have shaped the structure of financial aid to blind persons in New Jersey to this date. As might be expected some requirements have been added and others have been dropped. Thus, the original definition of a "proper person" to make application for Aid to the Blind remains substantially unchanged; as do the requirements concerning begging; need for surgery or treatment; and ability to profit from training leading to employment. However, this latter function has been moved over to a separate unit in the Commission, responsible for employment training and employment finding for all blind people. Such formalization has been structured first by the developing concept and evidence that blind people could successfully support themselves in measurable numbers and later by the over-all public interest in developing programs for returning the disabled to employment, particularly through the incentive of grants-in-aid from the Federal government under various amendments to the 1921 Vocational Rehabilitation Act. (See the Barden-La Follette Act of 1943 and amendments thereto.)

Although originally wholly county supported, the cost of the Aid to the Blind program began to receive Federal contributory support after the advent of the Federal Social Security Act in 1935. In 1939, the State relief laws were amended, moving the investigation of applicants for Aid to the Blind from the Commission for the Blind to the County Welfare Board. The Commission's function remained supervisory and the requirement that each grant be reviewed at the State level was retained. In 1941, to meet Federal requirements, a nominal sum was appropriated by the State toward the cost of the program. This has been continued annually ever since but the major cost of Blind Assistance grants is still borne by the counties and the Federal government.

In 1946, at the suggestion of the Federal government, the anticipated requirement that recipients must make a return in service was removed. At the same time the punitive provision denying assistance to two blind persons who are married was deleted.

Today, Aid to the Blind continues as an operating function (application, investigation, budgeting, recommendation of grant, etc.) of the local County Welfare Board with the Commission for the Blind as the supervisory agency at the State level (responsible for review, policy making, standards, etc.). Considerable integration of the program with all other public assistance programs in the State has been achieved under the leadership of the Department of Institutions and Agencies. Particularly effective is the common State budget manual applicable to all assistance categories; the uniform requirements for fair hearings, standards for payments in public medical institutions, nursing homes, etc.

In law, a one-year residence require-

ment is now fixed for Aid to the Blind recipients as it is for other categories of assistance. Provision is made for reciprocal agreements with other states for waiving the residence requirement. At present, such agreements exist with the states of New York, Pennsylvania, Wisconsin and Delaware.

Unlike the Old Age Assistance program there has never been a "requirement to repay" in the Aid to the Blind program. This has been a particularly controversial matter among many individuals and groups within the State. Over the past several years legislation to create the "requirement to repay" has been introduced but has not passed into law. Most recently, the Alexander Commission studying the Department of Institutions and Agencies has recommended in its report that the Blind Assistance function be transferred completely to the County Welfare Boards and integrated with all other categories of public aid. Since the counties are already performing the function of administering Aid to the Blind at the local level, such a change, if enacted by law, would have the effect of transferring the supervision of this assistance program from the Commission for the Blind to the Bureau of Assistance, another unit of the Department of Institutions and Agencies. Additional recommendations would increase the State share of the cost of Aid to the Blind from the fixed sum of $8,500 initiated in 1941 to a more equitable common sharing with the counties in that part of the cost of assistance not met by the Federal government. This would make the Blind Assistance program parallel the other New Jersey assistance categories. The move to equalize financing costs between the State and county levels appears reasonable and desirable. Less desirable is the element of requiring "recapture of funds" from blind people if the program is placed under the supervision of the Bureau of Assistance.

In some respects this issue is a "tempest in a teapot." The number of blind assistance recipients with recapturable assets ranges from nil to negligible. Proportionately, New Jersey has one of the lowest ratios of blind individuals on Blind Assistance in the country. The probable reasons for this are high per capita income of State residents and the effective program carried on by the Commission and supporting agencies in reducing blindness through preventive efforts and finding work for those who are employable. Contributing factors are the fact that New Jersey standards require an individual to be completely without resources (other than a homestead) before granting assistance, and that blind people over sixty-five may apply either for Blind Assistance or Old Age Assistance.

However, as a principle, many people in the State and particularly blind people resent the "requirement to reimburse." Blind Assistance is not a terminal program as is Old Age Assistance. It tends to be a long-term program for a younger age group than sixty-five even while it includes those sixty-five and older, and for some it is a way-station or shelter pending rehabilitation. For the short-term individual, reimbursement is a burden on his way toward self-support. For the long-term individual struggling with the handicapping consequences of blindness, his loss of family status and financial ability, it adds one more burden—the inability to leave the family homestead to those who would have been his dependents if the accident of blindness had not intervened.

Critics of this point of view have pointed out that blind people do come into estates or money settlements from time to time and that such funds should be reimbursed. This, of course, does occur. Perhaps the path of legal and administrative wisdom is to distinguish

between what is done with the family homestead and with "windfall" cash settlements, as well as to whom it goes as a residuary. Important in this decision is whether it is in the public interest and the individual's to take away such assets at the risk of maintaining the impoverished condition of the individual or his family so that individually or collectively their need to seek out or remain on public assistance is perpetuated.

* * * * *

To be dynamic, the administration of a program of public aid must be concerned not only with the special techniques of money payments to recipients, but with prevention of dependency and rehabilitation of the individual. Prevention in the larger sense is carried on by the several service units of the Commission which concern themselves with the education and training of the young blind person and visual restoration which is the function of the Eye Health Service.

The Commission evaluates every Blind Assistance recipient from his point of view in order to determine first, whether vision can be improved or restored and second, whether the individual through counsel and training can become capable of contributory or self-support. Perhaps the three cases which follow will demonstrate this process:

B., born in 1923, began to have visual difficulties at the age of fifteen while attending high school. Vision soon diminished to light perception in one eye only and B. was enrolled at a residential school for the blind to complete his education. After receiving training in machine shop operations, he was placed in employment at the W. Company where he worked for five years before employment was terminated due to layoffs. Vigorous attempts at re-employment were of no avail.

In June of 1947, B., unable to support himself further, became a recipient of Blind Assistance while his wife and child applied for and received aid from the State Board of Child Welfare. With time on his hands, B. kept busy in a small home workshop making and trying to sell household items and toys. Additional equipment, including some machine tools, were made available to B. in order to improve the quality of his products which initially were crude. In addition to local selling, arrangements were made to sell some of his more salable wares through the Commission Home Industries Section which carries on a year-round sales program of articles made by blind people. However, the resulting income was small and irregular and B. continued on the assistance rolls. Other efforts at finding full-time employment were unsuccessful.

In January of 1957 the Commission vocational counselor, visiting employers in the local area to develop job opportunities for blind people, found the Z. Company interested in employing a blind person feeding rubber strips into a grinding machine. After some on-the-job training, B. was placed in this position in February at a weekly salary of $90, and removed from the Blind Assistance rolls. Mrs. B. telephoned the Welfare Board to report the good news. The record states, "She is so happy as she feels B. is capable of working and willing to work. She is so grateful and appreciative of the help they have received; she is also thrilled to think they are on their own and not dependent on public assistance." A review of current information shows B. is still employed two years later.

M. was in her thirties when she applied for Blind Assistance. Because she was without funds of her own

or any other means of support she was given an initial (emergency) grant six days after application and continued on assistance thereafter.

Review of her history showed she had worked as a domestic at X. Hospital for approximately five years prior to 1957. Employment was terminated because of poor vision. A complete eye report by a qualified eye specialist is required of every applicant for Blind Assistance. As soon as the report is received by the Commission, it is reviewed by the agency's ophthalmological consultant to determine eligibility for assistance based upon visual loss (i. e. blindness) as well as to determine whether treatment or surgery would improve or restore vision. M.'s vision was found to be 20/70 in each eye. This is better visual acuity than the upper limit of blindness which has been set at 20/200. However, her field of vision was reduced to twenty degrees which meant that she could see as though looking through a gun-barrel. Individuals with such sharply reduced visual fields also classify as blind. No surgery or treatment, it was reported, would help the condition.

As is the case with every individual newly granted Blind Assistance, M. was referred to the Commission Vocational Rehabilitation Service. After counseling, M. was enrolled at the Commission's Rehabilitation Center for a period of training and evaluation in adjusting to her condition, learning new techniques in managing her personal needs, and traveling unassisted. She also had the opportunity to try out on a variety of work situations including a training stint in the Home Economics section. M. stayed thirty-two weeks. A further consultation concerning her eye condition indicated that she could profit from a sub-normal vision lens. These lenses have extremely high magnifications and are particularly successful in improving near or reading vision. When fitted with such lenses, M. was able to read normal print at four inches from her eye. Remembering that the normal eye reads print at fourteen inches makes this sound awkward indeed. However, for the blind person, heretofore unable to do this with ordinary spectacles, it opens up new areas of freedom for personal, recreational, and even vocational uses.

Less than a year after M. was granted assistance she was removed from the rolls and placed in employment as a nurses aid in a hospital. Her training and new lenses, while they did not change her classification as a blind person, had improved her situation so that she actually had a better position than the one from which she was discharged.

G., born in 1923, a young married woman who was totally blind, first came to the Commission in 1955. Her purpose was to learn housekeeping skills. Shortly thereafter, her husband died suddenly and she was forced to turn to Blind Assistance for her support.

Concurrent with arrangements for an assistance grant, a member of the Commission's Home Teaching Service worked with the client on her personal adjustment and rehabilitation needs. Efforts to interest her in a special homemaker training course at the Commission's Rehabilitation Center did not succeed. She had been brought up for most of her life in an institutional home and she could not accept a group training plan. Accordingly, plans to instruct her at home were made by the home teacher.

A Talking Book machine was supplied to G. and instruction in simple cooking, cleaning and laundering begun. Living alone, she had become lax in

her personal grooming and attention was directed toward improving this. Simple cookery lessons including the use of various cooking utensils was conducted with the client for the better were secured. and the client made some progress.
part of a year. Recipes on records
About this time one of the client's eyes became irritated and the Commission's Eye Health worker was called in. The examining eye doctor recommended enucleation of the eye and surgery was followed by the fitting of a prosthesis. Efforts to give G. instruction in travel so that she could become more mobile were initiated by a travel training specialist on the Commission's staff. This proved unsuccessful.

G's progress has not been substantial. She appears to lack motivation and cannot or will not make use of the skills she has developed so far. Because of back-sliding it may be necessary to develop other housing arrangements for her in the future.

The cases cited are illustrative of the coordination and impact of the several service specialties needed to achieve restoration and rehabilitation. It is estimated that one to three per cent of the Blind Assistance caseload can be restored to self-support or major contributory support through vocational rehabilitation services in any one year. However, every client, in keeping with his particular needs, can benefit from those services of the Commission designed to improve his personal adjustment, self-care skills and leisure time activities.

Eye Health Services

(Continued from page 60)

and improvement. There remains a very large area in which eye health services can function to educate industry and the public in methods of preventing blindness, and the importance of early treatment as a factor in minimizing visual loss. For young people in the schools this is a particularly important message and every effort is being made to bring this to their attention as well as to the attention of school authorities. For the older person and population-wise their number are increasing—advancing years will necessarily bring eye difficulties along with other medical problems. Here, too, the lessons of prevention through proper health practices, early detection and prompt treatment have become the keystone of the Commission's program.

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New Jersey State Commission

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